LITTLE BLUE BOOK NO. 1318
Edited by E. Haldeman-Julius

# The Case For and Against Sexual Sterilization

Robert C. Dexter, and Others

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# THE CASE FOR AND AGAINST SEXUAL STERILIZATION

## INTRODUCTION

Sterilization as well as Birth Control has its place as an aim. We do not agree with those Eugenists who would prefer compulsory laws for the unfit, while denying to women generally the right to control their own reproduction. But we recognize the value of sterilization in cases where Birth Control is likely to fail, and we are deeply interested in the work that is being done in this field. Men of high authority in science, medicine, psychiatry and social science differ widely in regard to various aspects of the question, but in the symposium we publish there is general agreement that sterilization in such cases would relieve many social and personal problems. Nor is there much difference of opinion as to the right of anyone who desires it to be sterilized. The difference of opinion centers about such questions as compulsory legislation; the unsettled state of our knowledge of the relative importance of heredity, accidents at birth, and environmental conditions as causes of feeble-mindedness and insanity; and the need of segregation in many

cases, even if sterilized. Our contributors generally agree also that sterilization should not be used as a punishment for crime and the majority believe that education—of the relatives in those cases where the patient is incapable of judgment—rather than compulsion should be the method of the future. Among the unexpected and important arguments which those who support sterilization have brought out in this debate are the excellent direct effects in many cases of the sterilization operation on mental and physical health, and the indirect effect of the operation on women in bringing to light bad abdominal conditions which should be corrected.

California, where a law compulsory in form is being administered, in most cases, as a voluntary law, furnishes us the largest experience of sterilization in practice. Perhaps the most valuable contribution from this state is the evidence it furnishes that education is spreading so successfully that patients often come to state institutions for the express purpose of having the operation performed. From Sonoma State Home for the feeble-minded comes another important contribution; for Dr. Butler, the medical superintendent, includes among his reasons for advising sterilization the fact that handicapped parents are incapable of furnishing an adequate living and proper environment to a large family of children. This is quite as important an argument as any based on heredity, and it is one that readily appeals to the patients or their responsible relatives.

Rather over half of the States have steriliza-

tion laws on their statute books. But very few of these laws reach the standard that we should like to see attained. However there is much encouragement in the fact that the laws have, in general, been administered in an enlightened manner, and the further fact that amending bills, correcting some of the earlier defects, have been introduced in the legislatures of many of these States. In 1927 Indiana, which was the first State to pass a sterilization law, after 20 years experience, passed an amending act, which greatly improves its former legislation. North Dakota also made of its law a much more eugenic statute, and provided for full records to be kept of effects of operations. No mention is made in this law of the right of individuals to demand the operation, but there is no prohibition, as there is in the earlier Iowa law, of operations on request. The situation with regard to the sterilization of persons who do not come within the categories mentioned in the various statutes is still ambiguous. In some states the only way in which parents or guardians of feeble-minded individuals, or such individuals themselves when sufficiently intelligent to appreciate its value can secure an operation is by entering temporarily an institution designated under the law of their state. The idea of compulsion has been and is too prominent in the law, and the legislation will be more satisfactory when this feature becomes subordinate to a fuller comprehension of the value of voluntary choice. This can only come

as a result of better education and a finer public opinion concerning the right of every child to be born with proper heritage and into fit conditions—which include, of course, parents properly qualified to bring up their children to be social assets.

# THE LEGAL STATUS OF STERILIZATION IN THE UNITED STATES

(Arranged by Marcet Haldeman-Julius)

May 2, 1927, the U. S. Supreme Court upheld Virginia law for sterilizing mental defectives.

*No Legislation*

Arizona
New Mexico
Colorado
Wyoming
Texas
Oklahoma
Ohio
Maryland
North Carolina
South Carolina
Massachusetts
Vermont
Missouri
Arkansas
Louisiana
Mississippi
Alabama
Tennessee
Kentucky
West Virginia
Pennsylvania
Georgia
Florida
Rhode Island
Illinois

* * *

*Law Untested and a Dead Letter*

Washington
Idaho
Montana
Utah
North Dakota
South Dakota
Minnesota
Maine
Delaware

*States Using Voluntary Features of the Laws Only*

Oregon
California
Nebraska
Iowa
New Hampshire

* * *

*Sterilization Law Declared Unconstitutional*

Nevada
Indiana
New York
New Jersey

* * *

*States in Which Compulsory Laws Are Only Slightly or Moderately Functioning*

Kansas
Wisconsin
Michigan
Connecticut
Virginia

## STERILIZATION AS A SOCIAL MEASURE

*Robert C. Dexter*

Sterilization is one of the many problems which intersect the field of physiology as well as that of sociology.

Of the medical aspects of sterilization I am not competent to deal. There is, however, one aspect of the medical problem which, as a sociologist, I want to emphasize and that is that the medical facts in regard to the effects of sterilization should be widely broadcast. There is apparently a very wide-spread feeling among the lay public that sterilization is a very serious operation and that it has remarkably far-reaching physical and mental effects on both men and women. So far as I have been able to ascertain, neither of these statements is correct; but whatever the facts are, the results of the latest scientific researches should be made public property, because it is very largely owing to this feeling that laws providing for sterilization of certain types of criminal and feeble-minded have been ineffective. Sterilization has been considered a cruel and unusual punishment, if not legally then certainly morally.

In my judgment sterilization should not be considered primarily as a punitive measure but purely as an eugenic measure. That means,

therefore, that it should not be incorporated in laws providing for imprisonment or fines, but that it should rather be in the statutes dealing with public health. It seems to me that the passing on of a thoroughly dysgenic strain is quite as serious a violation of the health code as the passing on of whooping cough or scarlet fever. I am inclined to think that the reason why most sterilization measures so far have failed is first, that they have not been preceded by adequate education and second, that they have been considered as punishments and not as community health measures.

So far as the procedure to be used in deciding what cases should be dealt with by surgical measures, I should suggest that both the State Board of Public Welfare, the State Board of Health and the State Boards dealing with crime and prisoners be empowered to recommend individual cases for treatment. Such a recommendation, however, should only be made after a thorough investigation of the individual's past, his physical and mental condition and his family history. It will undoubtedly frequently be thought that such an individual could be allowed to remain at large in society if there were not the ever present danger of bringing forth children in his or her own likeness. Then such recommended cases should come before a State Board of physicians, psychiatrists and social workers and presumably somebody representing the general public. This board, with all the evidence before it, should have the final authority to decide. I suppose that it would only be fair that the individual before the board

should be represented by counsel in order to see that his legal rights were safeguarded, but it is almost certain that scientists would be exceedingly careful in recommending such a procedure.

The objection to sterilization comes very largely from sentimentalists, and perverted sentimentalists at that. It would seem to the writer that it was by far less important that an individual be deprived of certain functions than that boys and girls should be brought into the world doomed before their birth to live a life of unhappiness, disease and crime. Even if society had no stake in the matter right-thinking sentiment itself would cry out in behalf of these unfortunate creatures.

## STERILIZATION: A SOCIAL VIEW

*Warren S. Thompson*

Sterilization as a method of dealing with certain types of degenerates is receiving considerable attention at the present time. The Eugenists in particular are quite fond of recommending sterilization for the feeble-minded, the insane, the epileptic and certain criminal types. There is no doubt of the effectiveness of sterilization from the standpoint of the elimination of the traits of the sterilized from the hereditary stream. There are, however, some social consequences of sterilization that need to be considered very carefully before it is adopted generally. It has its very definite limits of usefulness. Perhaps some of these limits can be appreciated more readily if its social effects on a few of the more common types of degenerates for whom it is often recommended are studied, and their relations to the life of the community are scrutinized with some care.

The feeble-minded girl in the small community, who becomes the prey of most of the young men living there, is quite generally regarded by eugenists as a menace to the community largely because of the children she is likely to bear. Manifestly, if sterilized, this menace is removed and the eugenic conscience appears clear. To the sociologist this view is too simple.

The half-dozen children—more or less—that such a woman might leave behind her seem less to be feared than the demoralizing effects of her presence in the neighborhood. If she is removed entirely from contact with normal life and people and properly segregated not only will the eugenic requirements be fulfilled but her power of producing a social degeneracy is likewise curtailed. She cannot spread disease throughout the community, she cannot set low moral standards which more normal people may be inclined to follow, she cannot be the means of developing careless sex habits in her neighbors and she is quite likely to be more nearly self-supporting than if left at large. Thus in this case it is evident that sterilization is insufficient to curtain completely the power for evil of such a person and it is unnecessary if the proper segregation is provided for, as this latter deals with both the biological and social aspects of the case at the same time.

## STERILIZATION IRRETRIEVABLE

Furthermore at the present time it is not known exactly what kinds of feeble-mindedness are hereditary. Sterilization irretrievably prevents participation in the bearing of the next generation and may do some individuals great wrong. Segregation may do the same wrong, but after several years of segregation one may still be released to normal life and share in all its phases, if fuller study of one's condition seems to justify the giving of freedom. Segregation for a few years does not render forever

impossible fuller participation in normal life if this later proves feasible.

Too much emphasis should not be placed upon the sexual havoc often wrought in communities by the presence of the feeble-minded. There are other standards which their presence makes more difficult of maintenance which are fully as important, if not more so. The ideal of family and individual self-support, the standards of decency in housing, cleanliness and modesty and the normal give and take of neighborly intercourse may all be endangered to some extent by the presence of feeble-minded persons in the community. Especially are the mentally normal who are on the borderline between social degeneracy and social normality likely to be adversely influenced by those who fall below the commonly accepted standard of what is desirable.

## THE INSANE

Sterilization of the insane is open to some of the objections expressed above regarding its use in the care of the feeble-minded. But inas-much as insanity is a condition which frequently does not manifest itself until after the reproductive period is past, sterilization is not invoked as a solution of the problem of the insane to the same extent as for feeble-mindedness. People of unstable mental makeup are, however, very dangerous when left at large even though they cannot reproduce. They help to break down community standards, they often make life miserable for other members of their

families and they frequently endanger the safety of life and property in their neighborhoods. Only segregation can prevent these social ills following from insanity in many cases, and only under segregation can the work of rehabilitation be satisfactorily carried on in a considerable percentage of the cases. Since the proper type of segregation also prevents reproduction where this is necessary, it is by all odds the most satisfactory method of dealing with the insane as well as the feeble-minded. Indeed, there is less need to argue the case of segregation for the insane than for the feeble-minded, because it is much more generally believed that it is harmful to have the insane at large than is the case with the feeble-minded. It seems not unlikely, however, that the facts would show just the opposite.

## SOCIAL DETERIORATION

The social deterioration of community life is probably abetted more by the presence of the feeble-minded in the schools, in the laboring groups and among the unemployed, than through the presence of an equal number of insane, even though the feeble-minded are sterilized. The very fact that people are more generally aware of the danger from the presence of the insane than from the presence of the feeble-minded puts them on their guard against them. The feeble-minded, on the other hand, are often not known and not recognized as degenerates and thus are allowed to participate in the normal life of the community. Since

they are quite generally unable to maintain the standards of the rest of the community they tend to lower the tone of the whole and very insidiously undermine the integrity of the so-called normal group. As was said above, sterilization does not touch this very fundamental social problem. Indeed in many respects it intensifies it and makes it more difficult of solution. As often happens the belief in the efficacy of a half-cure or false cure gives us a feeling of security which makes us insensible of the dangers we face and renders us unwilling to take the more heroic measures that are really needed.

## THE EPILEPTIC

On the whole sterilization is more effective and valuable applied to the epileptic than to either of the groups discussed above. In a considerable proportion of the cases of epilepsy the seizure is short and infrequent, and does not seem to greatly affect the ability of the person to function normally at other times. The great desideratum in such cases is to see that they do not reproduce. Sterilization of course does this, at the same time that it leaves them free to pursue their normal mode of life. Of course there is bound to be considerable danger involved in having any one in the community who has all the normal desires of sex and who knows he is and is known to be unable to take part in reproduction. So that even among the epileptic it would be a great mistake to place much reliance on steril-

ization as a solution of the problem. Each case must certainly be considered on its own merits and from all angles. And it cannot be too strongly urged that the removal of the reproductive power of a person does not remove their power of doing great social injury to the community.

If one believes that people are what they are almost solely because of inherited capacities, then a firm belief in the efficacy of sterilization as a solution of many problems, follows quite naturally. But, as a sociologist, the author believes that inherited capacities are developed through and are given direction by, the circumstances which surround people. Naturally, therefore, his belief in the efficacy of sterilization is limited and he would see it practiced only where it supplements other methods of treatment which are calculated to deal with the individual case in its organic relations with the rest of the community.

The principles stated above apply also to the sterilization of criminals, which is being practiced to some extent at the present time. It is not yet known what proportion of criminals in general are hereditarily defective; indeed in only a few prisons have adequate examinations been made of the nature of the mental defects in their inmates. There is, also, much disagreement as yet between experts regarding the standards by which criminals are to be judged defective. It seems increasingly clear, however, that what is inherited is not a tendency to steal, or burn, or kill, etc., but a mental instability

or weakness which renders one likely to contravene the standards set up by the community. Thus what the potential criminal, whose mental equipment is abnormal, needs most is early segregation which will render it unlikely that his mental instability will have a chance to grow and become dangerous. The same may be said of the young criminal of abnormal mental make-up. The most normal-minded criminal needs the influence of an environment in which there is no encouragement to criminal acts and in which he can function in a thoroughly normal manner within the recognized bounds placed by society. It may be wise at times to cut off the reproductive power of mentally abnormal criminals, but it is just as dangerous socially to do this and leave them at large as in the case of the feeble-minded. Segregation and the development of communities in which the criminal can be restored to a healthy —mental and physical—mode of life will do far more towards lessening criminality than sterilization. This latter should only be employed as a complementary factor in a method of treatment which takes account of the total set of circumstances in the life of an individual and aims at making the best adjustment of the individual to these that appears possible in his case.

Sterilization then may be useful at times in the attempt to bring about better relations between the individual and the community, and to render certain persons harmless to community life. But unless it is employed as one fac-

tor in a more comprehensive scheme of personal rehabilitation it is quite likely to do more harm than good. A society is fully as likely to degenerate through the development of unhealthy social attitudes of mind as through the increase in numbers of the mentally abnormal. Indeed the sociologist generally believes that it is more likely to do so because the propagation of attitudes and habits is potentially much faster than biological reproduction.

## LEGAL STATUS OF EUGENICAL STERILIZATION

*Harry H. Laughlin*

The whole matter of sterilization fits into the eugenical problem under the heading "differential fecundity." As a matter of applied eugenics, it is the business of the state to encourage fit and fertile matings among those best endowed by nature with fine heredity qualities, and to deny marriage and reproduction to those who are potential parents of hereditary degenerates, even to the extent of providing for their compulsory sexual sterilization. By eugenical sterilization is meant the destruction of the physiological ability of a man or woman to procreate or to conceive offspring, in cases of potential parents with inferior hereditary endowment.

With the male, the simplest operation is vasectomy, just about as serious as pulling a tooth. It consists in removing a short section of the *vas deferens* or sperm duct. With the female, in the present stage of surgical knowledge, the matter is surgically more serious. It requires the opening of the body cavity, and the removal of a section of each of the fallopian tubes. Thus the female patient is sent to the hospital for two or three weeks. It may be that the surgeons will learn some simpler

technique, such as scarifying the opening of the fallopian tubes, without opening the abdominal cavity, or by causing permanent sterility by the use of X-rays.

Eugenical sterilization is for the one purpose of preventing reproduction of persons who would, according to the known facts of heredity, in high probability, produce degenerate offspring. Several of the eugenical sterilization statutes provide for sterilization for the "benefit of the individual and for the good of society." No sterilization law is needed for providing for sterilization for the therapeutic benefit of the individual. Existing surgical laws amply cover operations which incidentally might cause sexual sterility.

## THE EUGENIC ASPECT

But we are here concerned more with the eugenical than with the surgical aspect of the matter. If it is agreed that certain individuals are so degenerate in their hereditary properties that offspring procreated by them would, in high probability, rank as defective or degenerate persons, despite the best efforts of medicine and education, then it would seem to be the duty of organized society to prevent their reproduction. If such prevention is accomplished by institutional segregation—as is the case with most modern state institutions—then sexual sterilization is not necessary. If, however, the degenerate individual is physiologically able to reproduce, and is not restrained from doing so by effective segregation,

then the surest way to prevent reproduction would seem to be to destroy the physiological capacity to reproduce. This has been done in many cases.

## THE FIRST STERILIZATION LAW

The first legalized eugenical sterilization was the Indiana law of 1907. Since that time twenty-three different states have, at one time or another, enacted eugenical sterilization laws. These were largely experimental and called forth much litigation. The whole thing, however, worked out in the direction of both legal and practical progress. Many of the early laws had elements of punishment in them. It seemed, for example, to be the application of poetic justice to castrate certain sex-perverts who had committed certain crimes against sex. If such sterilization was not cruel, it was, at least, unusual. But now the sterilization laws are in no manner punitive. The only motive for eugenical sterilization is to prevent the reproduction of offspring who would be endowed with such low physical, mental and temperamental qualities as to make it highly probable that they would function as defectives or degenerates. There were many other features in the early laws which the courts questioned. Finally, however, after twenty years of experimental legislation, the Supreme Court of the United States, on May 2, 1927, upheld the constitutionality of the Virginia sterilization law in the case of Carrie Buck vs. J. H. Bell (No. 292, October term, 1926). The Virginia law is

held to be well within the police powers of the state. It is not punitive. It protects the rights of the individual by due process of law, and by its use the state exercises its now decided right to cause the sexual sterilization of individuals who, from their individual and family history evidence, would, in high probability, produce degenerate offspring, if they produced any offspring at all.

## SUPREME COURT DECISION

The decision of the United States Supreme Court marks a step of fundamental importance in the advance of applied eugenics in the United States. The first experimental period is now ended. In this decision the opinion of the Supreme Court was delivered by Mr. Justice Holmes, in the course of which he said:

"We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Jacobson v. Massachusetts, 197 U. S. 11. Three generations of imbeciles are enough.

"But, it is said, however it might be if this reasoning were applied generally, it fails when it is confined to the small number who are in the institutions named and is not applied to the multitudes outside. It is the usual last resort of constitutional arguments to point out shortcomings of this sort. But the answer is that the law does all that is needed when it does all that it can, indicates a policy, applies it to all within the lines, and seeks to bring within the lines all similarly situated so far and so fast as its means allow. Of course so far as the operations enable those who otherwise must be kept confined to be returned to the world, and thus open the asylum to others, the equality aimed at will be more nearly reached."

Mr. Justice Butler dissented, but did not write a dissenting opinion.

## A CLEAR ROAD

It is now clear that any state in the American Union can, if it so desires, enact a eugenical sterilization law which, based on the experience in legislation, litigation and practical administration, would—unless specifically forbidden by its own State Constitution—be held constitutional, and which would reasonably be expected to aid greatly in solving the problem of hereditary degeneracy. But too much must not be expected from eugenical sterilization. It will doubtless increase in usefulness, and will become a powerful factor acting in the direction of its purpose, but it is only one force

out of many which must converge in concerted effort to destroy hereditary degeneracy.

It is popular in some quarters to deride experimental legislation and to bait law makers, but when a new problem is presented for legislative solution, the best that human wisdom can do is to act conservatively, but none the less courageously and experimentally, in achieving the desired ends. The part which the common law, or the so-called bill of rights, has played in the working out of a successful eugenical sterilization law is very striking, and forces the would-be cynic to praise the fundamental soundness and usefulness of our constitutional law. Early laws in the particular field were attacked on the ground that some were punitive, and if punitive, they were cruel and unusual, and if not cruel, were at least unusual. Others seemed to be bills of attainder; others two punishments for the same offense. Some early laws had to stand the test of not being ex post facto. Then the matter of class legislation, or equal protection of the laws, came in, and finally the whole matter of policy and authority came in—that is, it was necessary to determine whether sterilization for eugenical purposes was well within the police power of the state to advance the public welfare. One by one these problems have been met, the old laws repealed, and new ones enacted in conformity with the requirements of the bill of rights, as laid down by different state and federal courts. Finally, when the punitive element was left out entirely, the new

bills struck directly at their main purpose, namely, the prevention of reproduction of defectives. And now states have learned how to write laws which are better and more direct and effective for having stood the clarifying process of meeting the fundamental conditions required of the bill of rights.

Enough experience has now been had in administering the several sterilization laws of the United States so that, now, supported by the final legal test in which the highest court of the land has sustained the legality of sterilization, any state can, if it desires, provide in a conservative and legal manner for the sexual sterilization of certain persons, which will operate practically in preventing the reproduction of defectives or degenerates.

## STANDARDS NEEDED

The sterilization laws must set a standard for hereditary degeneracy. They must provide a criterion for their administration and for the courts. In most of the present laws this standard is very low, so that it applies only to the most patent cases of hereditary degeneracy. A workable standard of probability of hereditary offspring must be set. The law can establish such a standard at "the probability that one-fourth of the offspring would, due to defective heredity, function as social inadequates," or at "the probability of producing defective or degenerate offspring greatly in excess of the normal probability." In the absence of workable Mendelian rules for computing the probability

of degenerate offspring, such probability may be fairly computed by measuring the incidence of hereditary defectiveness among the thirty or forty nearest blood kin.

The situation calls also for a definition of degeneracy which, thanks to modern mental and temperamental measurements, and provisions for custodial care, can be readily provided, in a satisfactory manner, by the statute. The laws too must provide procedure; they must describe just how the state must take the initiative in bringing about the sterilization of a potential parent of degenerates. The law must provide adequate court procedure, the process being too fundamental and important to be intrusted to officials as a mere administrative detail. Then the voluntary and compulsory elements must, in a manner similar to the provisions for commitment to custodial institutions, be carefully stated in the statute.

## WHAT HAS BEEN DONE

Up to July 1, 1925, in the several states, 6,224 persons had been legally subjected to eugenical sterilization. Administration officers are learning more about the law. They are finding out how to study pedigrees with the view of determining hereditary degeneracy. The courts are learning more about the purpose of the law, and are learning how to evaluate testimony in reference to hereditary degeneracy. While it is probable that, in the future, sound laws will provide for compulsory eugenical sterilization, it is probable, too, that in some border-line

cases voluntary sterilization will be permitted. In the cases of the more degenerate individuals, who are still capable of reproducing, it is most likely that either the state will have to take compulsory measures, or the voluntary element be supplied by the guardians of the degenerates. Of course, in case an individual is sound personally, but has a high incidence of degeneracy in his near kin, so that his probability of carrying degeneracy in a recessive manner is great, the voluntary element may be provided for by law. The laws will begin conservatively by applying only to the most patent cases of hereditary degeneracy. Later, as more experience is had by administrators and the courts, and the states become more confident of the use of sterilization in preventing degeneracy, the standard may be raised, and still greater portions of the degenerate sections of the population be prevented from reproducing by sterilization.

Studies on the physiological and social effects of sexual sterilization on different types of persons, of different ages, and of each sex, were begun by the Eugenics Record Office in 1911, and have recently been subjected to thorough consideration by Mr. Paul Popenoe, working in collaboration with Mr. E. S. Gosney of Pasadena, California. These studies have been made, first-hand, on cases histories of long standing in California institutions, where so many persons have been legally sterilized on account of hereditary degeneracy. Their findings seem to indicate that the fears of sexual

sterilization on account of undesirable physiological and social consequences are largely unfounded. Their publications are giving the data and analysis by which they have arrived at this conclusion.

## PARALLEL CASES

The legal aspect of the matter has a close parallel with each of three legalized processes: first vaccination. No one now doubts the legal right of the state to compel its citizens to be vaccinated. This may call for seizing the individual and applying a very minor surgical operation; for the process has been demonstrated to be a protection of the individual and of the state. Similarly, the courts have held that a state may, if it chooses, cause certain individuals to be made sexually sterile, even though it may imply compulsory surgical operation. Second, another legal parallel is found in legally taking away the liberty of the individual in his own interest and in that of public welfare by compulsory quarantine. A third parallel is the commitment to custodial institutions, where the voluntary and compulsory elements are quite parallel to those which will doubtless work out in sterilization. Certain individuals may take the initiative and submit to voluntary confinement. For others the initiative may be taken by the near kin, while the commitment of others may be fought both by the individual and his family, but nevertheless the state may, by proper court procedure, cause the commitment of the individual. This is for

his own protection and for the protection of society.

The twenty years from 1907 to 1927 constituted the first era in successful experimentation in the application of eugenical remedies for hereditary degeneracy. Applied eugenics must operate both positively, principally in mate selection, migration control and by influencing differential fecundity, and negatively, principally by restricting reproduction by persons with inferior hereditary endowments. Eugenical sterilization operates on the negative side, but it is none the less a necessary and effective instrument for eugenical advance. As a coordinate with restrictive marriage laws and custodial segregation, eugenical sterilization has demonstrated its usefulness as a legal and conservative agency for race betterment.

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## SOME OBJECTIONS TO STERILIZATION

*Abraham Myerson, M.D.*

The principle upon which I base my reaction to a proposal for sterilization is that facts come before acts.

The heredity and transmission of mental diseases is still an unknown country. After reading most of the important literature on the subject, and after a good deal of personal research, I believe that one may state as follows:

Concerning mental diseases: Certain types of mental diseases run in family groups, but the laws of inheritance, even in these cases, are not all understood. A very large part of the mental diseases appear to have no inheritance whatever. We have not yet reached, in the case of those mental diseases which appear to run in families, any understanding of their pathology, and because we are thus in the dark as to the essential nature of these conditions, we have no basis upon which to work.

Concerning feeble-mindedness: The classical and royal families of feeble-mindedness, the Nams, the Jukes, the Kallikaks, have genealogies and histories which are an inextricable mixture of fact and fable. It is entirely wrong to accept them as typical of feeble-minded families, even if they are feeble-minded. A study of some 800 families in Massachusetts

in which feeble-mindedness occurred, revealed no duplicate of any of these families. A study of the feeble-minded of Massachusetts did show that probably the larger part arise in perfectly normal families, without any heredity whatever. It also showed that there are families in which feeble-mindedness occurs for more than one generation and in several members of the family. This research, however showed no such devastatingly high birth rate or continuous propagation of the feeble-minded as is universally postulated by those advocating sterilization.

Regarding epilepsy: All the later work makes negligible the role of heredity in epilepsy, and shows it to be a bodily disturbance, possibly arising on a constitutional basis, but undoubtedly arising in many instances from disordered chemistry and brain injury. The moré we know of epilepsy, the less we talk about its heredity.

Regarding crime: The belief that the criminal represents a special type of humanity and needs to be dealt with in some extra-human way, belongs with the stagecoach and early locomotives. Those who know criminals refuse to generalize about them, and regard them as products of the social environment, of the tradition of the times, and of many factors which are fundamentally environmental.

By stating the above, the inheritance of certain types of mental diseases and certain types of feeble-mindedness is not denied, but until we have more specific grounds to work upon, it is idle to advance a radical cure. In the

first place, even if these conditions were inheritable, sterilization would make almost no difference in the sum total of cases, since heredity is a matter of mathematics, involving the entire population, rather than the individuals directly concerned, namely the parents and potential parents. If there is heredity of diseases, the qualities inherited are recessive, and are present throughout the population, amongst the apparently normal as well as amongst the apparently sick.

Furthermore, there is not the slightest chance in the present state of civilization that a sterilization law of any scope would be enforced. When the simple law prohibiting the sale of alcohol cannot be enforced in any adequate way, how can one expect that the community will be behind any mutilation of human beings for the sake of posterity. There are great churches whose belief is entirely opposed to such methods, and even aside from these churches, there are groups of individuals who reject the conclusions reached by the eugenists. I am frank to say, with all the good will in the world toward eugenics, that propaganda rather than research has apparently been the watchword of the eugenists. Preconceived opinions have ruled. Hypotheses have been established not in the spirit of science as a working basis for research, but in the spirit of propaganda, from a passionate desire to eradicate evils which need cautious approach and thorough research before impetuous action is taken.

If I were a director of any of the great institutions, or if I were one of the rich indi-

viduals who contribute funds for eugenics, I would have as my motto, "Millions for research; not a penny for propaganda." What we need is to know the essential nature of dementia praecox and of manic depressive insanity, diseases which run in families; what we need is a pathology of those types of feeble-minded which apparently run in family groups. Such information will never come from a statistical analysis by biologists and field workers; it will come in the laboratories of the world, from men whose business it is to investigate disease.

## STERILIZATION

### THE CALIFORNIA EXPERIMENT

Far the largest experience of sterilization in practice is that of California. The state law, passed in 1909, is compulsory in form but it is voluntary in operation, the patient or the patient's relatives being asked before the operation is attempted. This very asking of permission has proved an educational feature and from this and other publicity there have come to the state institutions requests to be sterilized from no inconsiderable number of patients, many entering the hospitals simply to have the operation performed.

In the nineteen years the law has been in operation 5,000 persons have been sterilized. Three-fifths of the total are men and four-fifths of the total (about 4,000) are insane. Most of the one thousand feeble-minded were in the Sonoma State Home of which Dr. F. O. Butler is medical superintendent.

Through the generosity of Mr. E. S. Gosney of Pasadena, a study of the California cases was initiated about two years ago. The research was done by Paul Popenoe who has published five of a series of studies of various

aspects of the subject.* He finds that the practice of sterilization has shown a large increase since 1920. In no case have any ill effects resulted from the operation to either man or woman. About one in twelve of the insane in California institutions has been sterilized; the 1,000 feeble-minded sterilized do not represent one-twentieth of the total feeble-minded in the State.

In cases of dementia praecox and of pregnancy or fear-of-pregnancy psychosis patients have been so markedly benefited by sterilization that in these cases the operation was recognized as therapeutic rather than eugenic. In general however, though in not a few cases a therapeutic effect was observable, the patients sterilized were "those whose diseases there is reason to believe are most markedly inherited or inheritable." In other words the operation was in most cases a eugenic measure.

## SOME RESULTS

A follow-up of feeble-minded patients paroled from Sonoma brings out the following:

1. Two-thirds have satisfied a reasonable definition of success in their attempt to live in non-institutional surroundings.

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*Eugenic Sterilization in California

1. The Insane.
2. The Feebleminded.
3. Success on Parole after Sterilization of Feebleminded.
4. Changes in Administration.
5. Economic and Social status of Sterilized Insane.

2. Those who have not been delinquent before commitment have a slightly better chance to succeed on parole.

3. One in 12 of the girls on parole became sexually delinquent. (Nine in 12 of these girls had been sexually delinquent before sterilization.)

4. There was no instance of sexual delinquency among the boys on parole .

5. Among 2,000 feeble-minded and insane women sterilized, five or six were reported to consider their infertility as a possible asset, in freeing promiscuity from the fear of pregnancy.

6. No such instance was found among 3,000 men sterilized.

7. Sterilization favors the permanent stabilization of many paroled feeble-minded girls through marriage.

8. As practiced in California, parole of the feeble-minded after sterilization has not tended to increase the amount of promiscuity in the community, or favored the spread of venereal diseases. On the contrary, it has helped greatly to reduce both.

9. As practiced in California, sterilization is a valuable adjunct to a system of parole for the mentally defective.

## ECONOMIC STUDIES

No study has yet been made of the sterilized insane discharged in care of their families. The insane are, however, made the basis of a study of social and economic condition. This

study, which is merely suggestive as some details could only be obtained for a rather smaller number, tends to suggest, among other things, that:

1. There is a great preponderance of sterilizations among those classes as economically dependent.

2. The largest group among the sterilized is made up of unskilled laborers, the next largest of skilled laborers.

3. In economic status, the sterilized insane average definitely lower than the total population of the state, and very much lower than a group of 525 fathers of superior children in the public schools.

4. Half of the sterilized males fall in classes that contributed virtually no superior children to L. M. Terman's study; half of the fathers of the superior children are in classes so high as to be scarcely represented at all among the sterilizations.

5. There is three or four times as much mental disease in the ancestry of the sterilized insane as there is among the ancestors of superior children, and in the former group the relationship of the affected is also much closer than in the latter.

Moreover, the contrasts between the two groups would certainly be greater if the ancestry of the insane were known and reported as thoroughly as that of the superior children.

6. Sterilization of the insane as it is practiced in California will prevent the birth of few, if any, superior children, while it will

prevent the birth of many children who would certainly be inferior.

A very gratifying by-product of the California experiment is the therapeutic value already noted in certain types of insanity. The marked improvement it produces in the mental and physical condition of patients with dementia praecox and the effectual doing away with pregnancy and fear-of-pregnancy psychosis constitute an entirely new and unlooked for argument in favor of sterilization. Incidentally the woman's sterilization operation—a far more serious operation than for a man—has in some cases justified itself by offering the opportunity to find and correct other serious abdominal conditions which were affecting mental health. For these and other reasons the tendency in institutions of late has been to sterilize soon after entrance and not, as in former years, shortly before leaving.

In Sonoma State Home the wise superintendent (Dr. Butler) based a decision to sterilize, with the patient's consent, in some cases on the fact that the handicapped patients had already "as many children as they could comfortably care for."

## VOLUNTARY STERILIZATION

*Wilfrid Chase*

Our progressive agriculturists choose their seed with greatest care, but we as a people are largely sowing the field of humanity with weeds.

Since society suffers so much from the existence of cacogenic persons, it has a right to assume a vastly greater control over them than it yet has done. As a means of preventing the reproduction of cacogenic persons, without waiting for society to insist upon its full right in the matter, the following plan is suggested:

The plan is to sterilize most of those men and women who would consent to it. Three methods of inducing cacogenic persons to consent to sterilization are as follows:

First: By reasoning and kind persuasion. Many could be made to see that it was best for themselves and all others concerned.

Second: By offering the alternative to many persons in prisons and other places of detention of remaining there or else submitting to sterilization and gaining their freedom. This alternative might well be offered to certain types who would be little or no menace if at liberty in a sterile state.

Third: The offering of cash payments to cacogenic persons who would submit to sterili-

zation. The payments might be sums of one-hundred or two-hundred dollars or more. Probably great numbers would gladly avail themselves of what seemed to them an opportunity; especially might this be so if it were generally understood that sterilization does not necessarily cause the loss of all sexual powers. The expenditure would be an exceedingly wise one. Suppose the original Jukes couple had been paid one-million dollars and had remained childless. Would not the expenditure have been a very wise one indeed? If each state maintained a corps of surgeons to specialize in this work, would not vast benefits soon result?

It is obvious that the great majority of men and women who would submit to sterilization would be unfit for parenthood. But occasionally a worthy, fit person, because of despondency or in order to secure much-needed money for dependents or for some other reason, might wish to part with his reproductive powers. He should of course be deterred, and probably in most cases he would later be duly thankful. Before any person, no matter how low he seemed, were sterilized, permission should be granted by a board of at least three competent people who had the full history of the person clearly in mind. If proper care were exercised, few mistakes would be made.

## STERILIZATION

### *Letters from Mothers Who Want to Know*

*Among the many letters that come asking for Birth Control, there is every now and then one that asks questions about sterilization. In most cases the ideas of the writers concerning the operation are hazy, and often they seem to be unaware that they could find the relief they seek by the less drastic method of Birth Control. But occasionally there are cases where it is perfectly clear that a woman should never again bear a child, either because another birth would mean death, or because the stock has been shown to be undesirable, and the mother is horrified at the idea of bearing more defective children. In these cases, if sterilization were easily accessible on a voluntary basis, there would be complete freedom from what one woman describes as "that terrible worry"; and society would be entirely relieved of the possibility of more defectives to be carried by the community. Such letters as these show the need of properly guarded means of voluntary sterilization, in addition to the many laws that provide for compulsory sterilization of designated classes.*

### HANKERING AFTER RELIEF

South Carolina.

I want to ask you a question. Will you please explain what kind of an operation it is to be

sterilized and can any doctor perform it? I am the mother of three children and will be the mother of the fourth in about two months. I have just got out of bed with a spell with my kidneys. I can hardly drag around I have an awful bad time when I am pregnant; I swell awfully bad; I can hardly get on any shoes or stockings or anything else. I don't feel like it would be a sin to try to do something to keep from getting pregnant, if I live to get through this time. Do you think so? I will thank you for any advice you can give me.

### STERILIZATION OR BIRTH CONTROL

New York.

I am 23 years old; I have been married 5 years; I am the mother of 3 living children, the oldest 4 years, and have had 2 miscarriages since the birth of my last child. The two miscarriages have been harder on my health than the birth of two children would have been. I haven't as yet recovered from the last one. My doctor is one of the best surgeons here and has attended me in all my illness since childhood, says I must submit to an operation as a means of preventing pregnancy or else lose my life in a few short years. I am affected with anemia, my father having died with pernicious anemia, and I also have weak lungs. In fact there is no organ in my body that isn't weakened. I have asked my physician repeatedly for information concerning a means of preventing pregnancy but he absolutely refuses to help except to operate.

I would so love to live and raise the three babies I have. In my present state of health I doubt very much if I would survive an operation; besides at my age, only 23, I do so hate to submit to one.

Surely there is help for me. Could you, will you, send me information concerning a means of Birth Control. Is there anything you could tell me, or send me, or that you could tell me to get? I would be only too glad to pay you for it if you would only help me.

If there is any help you can give, words will never be able to express my thankfulness.

## "SENTENCED TO BE STERILIZED"

California.

Being that you understand these things I wish to ask your advice. I'm a woman of twenty-five years of age. Have been married for six months. On account of a broken leg I couldn't go through my first motherhood so I consulted a doctor. He took down all my ailments, which consists of the effects of scarlet fever. I have a stiff knee which was caused from operations and the disfiguring of the knee-cap. Then I have a spell which caused me to sleep more than normal, that is I have to. All this is caused from the scarlet fever, thirteen years ago. When I got through telling the doctor all this, he sentenced me to be sterilized. Being a poor girl and as I don't quite understand this sterilizing business, I went to another doctor who helped me out of the pregnancy. I also asked her what she thought of

it and she had different ideas altogether. I've tried to make this as short as possible and if you would be kind enough to answer this, I would appreciate it ever so much.

## INFORMATION WANTED

Illinois.

I want to ask you a question about sterilization. I am not well and have too little boys, so we do not want any more. How can a woman or man be sterilized?

If a woman is sterilized, does it deprive her of sexual desire or expression? What is the best way to be sterilized? Does it hurt a woman's health?

Please answer soon as I want to know right away.

## HUSBAND FAVORS STERILIZATION

Ohio.

My husband is very much for the operation of sterilization for men as he thinks I have gone through with enough and he is willing to go through this minor operation himself. We have two boys and one girl and he is sure we can't keep any more the way we want to bring the children up, but I want to make sure just what this operation that is only an office call will be like. I don't want him to give up what all men enjoy, their manhood, and I can't just make myself think what it would be like.

I am lacking in the really satisfied state since our last two children were born, in fact

I almost dread to think of being interested; but I love my husband dearly and must do this to keep his love.

## IS A SURGEON RESTRICTED?

Oklahoma.

I wrote the Superintendent of the State Insane Asylum of Oklahoma stating that I have an uncle and a cousin, both on my father's side, that are insane of which he has a record of since they are both in that institution and are both hopelessly incurable. He states in his letter that there is no danger and no need of my being alarmed, but I don't care to run any more risk and aim to have the operation performed if I have to do it myself.

I want to know if you can advise me where I can get it done, or if you can tell me the necessary steps to take to justify a surgeon to perform the operation, or if you have the authority to give them permission, thereby freeing them from legal proceedings. If it is necessary that I make affidavit to this I will do so upon request.

## A CASE FOR BIRTH CONTROL

Virginia.

I have no disease but I have other troubles that are most as bad and would like to know how I might be made sterile. I have three little children, a paralytic father-in-law and an invalid mother-in-law and I do all my work including the sewing for us and I feel that an-

other little baby would be disastrous. I am sure you will agree with me in saying I need this information.

### WHAT KIND OF OPERATION

New York.

Will you please enlighten me on sterilization? Is it an easier operation for the husband or wife, and can you tell me the name of some hospital around my home where they will perform the operation?

I spoke to my physician, but he isn't in favor of Birth Control, and so would not tell me, so I told him I stood for it first, last and all the time and if he wouldn't tell me I would get the information elsewhere.

### "FREE OF THE TERRIBLE WORRY"

Indiana.

My last pregnancy nearly killed me. I went to a Chicago hospital for the delivery and had twilight sleep, I felt I could not get through any other way—the doctor said my organs refused to work. I guess there was no labor at all—the baby was very frail but with the good care at the hospital, managed to live six weeks. Ten days after delivery I had to be operated on for appendicitis and had my tubes tied—so now I am free of that terrible worry, but it has taken me almost a year to recover from that ordeal.

Last Sunday I was talking to a young mother

who had a new baby twenty days old—the next one fourteen months, the oldest two years!

### IS IT A SERIOUS OPERATION?

South Dakota.

We would like to know more about sterilization—whether it is a serious operation, whether expensive, by whom it may be performed. Would you advise it?

Which is it the most serious for, the husband or wife?

### BIRTH CONTROL PREFERABLE HERE

Ohio.

I don't quite understand in what way a man or woman could be sterilized. So I'm asking your assistance to enlighten me on this subject.

I have two children and I would very much appreciate your advice. For I cannot afford to bring any more children into the world not wanted.

## STERILIZATION

*A Symposium*

*(The opinion of a selected list of men whose work entitles them to rank as authorities.)*

### A FAMOUS PHYSICIAN

If I understand you right, your question may be restated somewhat as follows: Is it advisable to sterilize persons with grave endocrine defects that transmission of such defects to the offspring may be avoided? To this I should say, if the endocrine defects are congenital, yes, certainly.

Many criminals and congenital defectives, however, have only secondary disorders or none at all of the endocrine class, and your question is only a part of the general question of sterilization of the unfit.

As to the general question I should also say, Yes, certainly! But the Eugenists and Psychiatrists will never get anywhere till they do far more than this. The methods of the dog fancier and cattle breeder will have to be applied ruthlessly to human breeding, and a class of professional mothers and fathers will have to be medically selected and governmentally authorized before any definite racial improvement ensues. Other people might be allowed to marry freely, and enjoy all the physical and

spiritual satisfaction of love, but should not be permitted to produce children.

Among the conventional seven-eighths of the population, whose prejudices are baked hard, such a plan as this would raise a long-drawn and deafening howl; and—in short, I might conclude with Sir Thomas More that "There are many things in Utopia which I rather hope than expect to see adopted in mine own country!"

WILLIAM N. BERKELEY, M.D.

## A UNIVERSITY PRESIDENT

In many ways your letter concerning Sterilization Legislation is difficult to answer. This is not the case because of lack of interest in the matter on my part, but because it is difficult to generalize. In general, I believe, however, that we can afford to progress along the lines of voluntary sterilization as far as public support will take us. Criminals should most decidedly be included under this type of legislation. At the same time, I believe that we should proceed with great caution in compulsory sterilization until economic pressure becomes sufficient to drive public opinion wholesale in that direction. I do not see that anyone can possibly determine what was behind state decisions against earlier sterilization laws. I imagine that interference with personal liberty loomed much larger as an unfavorable argument than did either the activity of the Catholic church or fear of abuse. As a general thing, I feel that the American people at

present need merely the facts of biological and sociological findings rather than propaganda for any type of legislation. I do not believe that any of us can prevent the appearance of an economic crisis in the not very distant future, but I feel that we should bend our energies more toward spreading the truth than attempting to influence what must be of necessity imperfectly conceived legislation.

C. C. LITTLE.

## WRITER, LECTURER, RADICAL

Theoretically I believe in sterilization of the subnormal. Practically I am afraid—perhaps increasingly afraid—of the ghastly mistakes that might be made by those to whom we would entrust the power. Not only would the prejudice against radicals to which you refer enter into the picture but also all sorts of other prejudices of a radical sort. I have actually known cases in which science or alleged science has been a cloak for a very refined type of brutality. When Powers Hapgood was suddenly sent by the police of Boston to a psychopathic ward he got out promptly because he had friends. I have known at least one other case where a radical prisoner was not so lucky.

Now before I become a practical advocate of sterilization I will have to be convinced that the social good it does will outweigh the inevitable risks. Those risks can be greatly reduced but not removed altogether under any law. Have you a model law in mind? Have you any substantial body of experience to guide

you? What I fear in the present stage of our development with regard to any law is that either it will be a dead letter because of the general reluctance to give such power over human beings or that if that reluctance disappears and our present class and racial prejudice persist some very terrible things will be done under the sanction of this law in the name of science. You see I am definitely one of those whose doubts you will have to remove.

NORMAN THOMAS.

## AN AUTHORITY ON PLANT BREEDING

So far as I can discover my contacts and from Dr. Laughlin's summary published by The American Eugenic Society, I am convinced that sterilization legislation is the only effective method of dealing with certain elements in our population by way of keeping them down numerically. Of course I do not believe in it except as a eugenic measure. Some states use it in part as punishment. I am opposed to this. For feeble-minded and insane, whether at large or in institutions liable to turn them out into the population again, I believe in compulsory sterilization. For certain types of criminals, I think this should also be used—that is *chronic criminals.* As to some of the other classes included by the laws of some states—such as rapists, certain types of syphilitics and other degenerates, I am not qualified to judge whether it is desirable to include them. The Iowa law with its amendments is a very strict one. But no such laws should be

put on the statute books of any state unless they are ready to use them. It is deadening to pass such laws and let them lie unused, as some states seem to have done.

ORLANDO E. WHITE.

## A PROFESSOR OF SOCIOLOGY

You ask my opinion of sterilization legislation. I will say that I do not consider that I am an authority on the subject but that people in whom I have confidence have been so favorably impressed that I am thoroughly for such legislation.

E. A. ROSS.

## A GREAT WRITER ON SEX PSYCHOLOGY

As regards sterilization, I have nothing of importance to add to what I said seventeen years ago in Vol. VI of my Studies, pp. 611-616.* I still think it a proceeding which is often desirable. But I am not in favor of making it *compulsory* at present. It ought not to be inflicted as a sort of punishment, but accepted freely by the subject, or those responsible. When this is done there is no need for any special legislation, and (in opposition to Dr. Laughlin) I am against any such special legislation. When adopted as a contraceptive by men who, for one reason or another, do not desire more children and wish to make inter-

*It is under the heading of Castration, but of course, actual Castration is neither necessary nor desirable.

course absolutely safe, it is extremely satisfactory. I know of various men in the U. S. A. who have adopted this method, and they are very pleased with the results, as are their wives.

HAVELOCK ELLIS.

## A QUOTATION FROM ELLIS

It (castration) was first advocated merely as a punishmeut for criminals, and especially sexual offenders, by Hammond, Everts, Lydston and others. From this point of view, however, it seems to be unsatisfactory and perhaps illegitimate. In many cases castration is no punishment at all, and indeed a positive benefit. In other cases, when inflicted against the subject's will, it may produce very disturbing mental effects, leading in already degenerate or unbalanced persons to insanity, criminality, and anti-social tendencies generally, much more dangerous than the original state. Eugenic considerations, which were later brought forward, constitute a much sounder argument for castration; in this case the castration is carried out, by no means in order to inflict a barbarous and degrading punishment, but, with the subject's consent, in order to protect the community from the risk of useless or mischievous members.

The fact that castration can no longer be properly considered a punishment, is shown by the possibility of deliberately seeking the operation simply for the sake of convenience, as a preferable and most effective substitute for the

adoption of preventive methods in sexual intercourse. Equitable, practical, and scientific methods of castration have been advocated, not involving the removal of the sexual glands or organs, and not as a punishment, but simply for the sake of protecting the community and the race from the burden of probably unproductive and possibly dangerous members.

It is scarcely possible, it seems to me, to view castration as a method of negative eugenics with great enthusiasm. The recklessness, moreover, with which it is sometimes proposed to apply it by law—owing no doubt to the fact that it is not so obviously repulsive as the less radical procedure of abortion—ought to render us very cautious. We must, too, dismiss the idea of castration as a punishment; as such it is not merely barbarous but degrading and is unlikely to have a beneficial effect. As a method of negative eugenics it should never be carried out except with the subject's consent. The fact that in some cases it might be necessary to enforce seclusion in the absence of castration would doubtless be a fact exerting influence in favor of such consent; but the consent is essential if the subject of the operation is to be safeguarded from degradation. A man who has been degraded and embittered by an enforced castration might not be dangerous to posterity, but might very easily become a dangerous member of the society in which he actually lived. With due precautions and safeguards, castration may doubtless play a certain part in the elevation and improvement of the race.

HEAD OF SCHOOL FOR RETARDED CHILDREN

While I agree heartily that the feeble-minded —those of them, that is, who are not under-sexed and therefore present no problem— should not have children, I very much fear any general policy of forcible sterilization. I do not think our institution officials are as a class of a high enough type to be given this blanket power to sterilize. Incidentally I am amazed at the argument for sterilization based upon the assumption that feeble-mindedness and insanity are in most casese heredity taints. That they are sometimes hereditary I do not doubt. But in my experience of many years with handicapped children I have found more whose condition was not hereditary, and I have found, in children whose mental retardation is due to prenatal shock, to hemorrhage at birth or after or to other injuries caused by the forceps, to such diseases as sleeping sickness or infantile paralysis, much the same traits as in those whose condition was inherited.

Nor do I believe that sterilization will ever fully solve the problem of segregation, among many other reasons because one great object of segregation is to relieve the normal from the lifelong strain of providing for themselves and their children and at the same time acting as attendant, day and night, of one who is a perpetual child.

BERNARD CADWALLADER.

*Three contributions to the Symposium are anonymous. The first contributor did not wish*

*to involve his organizations. The other two did not feel well enough informed to give opinions over their own names.*

A CRIMINOLOGIST

I regret that I know too little about biology and particularly about heredity, to venture on a contribution to your symposium. I believe that we are on our way to a knowledge of these matters which will soon make it seem wise and desirable to resort to methods of sterilization, but it does not seem to me that the present state of our knowledge is such as to justify the adoption of such a policy at the present time.

A PSYCHIATRIST

There are two sides to the question of sterilization. I believe that all who desire to be sterilized should have the right—that there should be no law which prohibits or which can be interpreted to prohibit sterilization. As for compulsory sterilization of the unfit such a policy should not be entered on widely until we know more than we do about the inheritance of insanity and feeblemindedness. We already know that a large percentage of insanity is not inheritable. The only justification of wholesale sterilization of this class is that they are in no condition to furnish their children support or a good home environment and that the strain of responsibility may increase their own abnormality.

In the case of the feebleminded also, this argument of inability to raise a family properly is far more telling than the argument of heredity. We need much more thoroughgoing research than has been done, before we shall be able to say what proportion of feeblemindedness is due to inheritance and what to environment, to accidents at birth and to many other causes.

Certain types of the feebleminded such as Mongolians are undersexed and offer no serious problem. Of the rest, those who are so highly sexed as normal persons and not, like the normal, gifted with judgment and self restraint, it may be said that while the danger of rape followed by childbirth is bad, so too is the advantage that normal men sometimes take of a feebleminded woman known to be sterilized. Such a woman has been known to become a local prostitute and carrier of venereal disease. There is also danger that the higher types of feebleminded men and women, realizing that pregnancy will not follow their acts, will become promiscuous and a menace to young people.

While I agree that children should be born only to those who can furnish them both a good inheritance and a good home, I feel that legislation on this subject has been too headlong. Certainly the crop of wholesale compulsory sterilization laws which were passed at first were not wise. It is a notable fact that among those of the general public who most vigorously supported these laws were Funda-

mentalists, Kukluxers, supporters of Blue Laws and many, if not most of them, were Sadists with a castration complex. The administration of these laws was often put in the hands of officials of a low type. Perhaps the era of that type of law is passing; at any rate it must pass before it will be possible to support sterilization legislation with any enthusiasm. The law of the future should not be compulsory; it should be based on wide research and it should be administered by experts and not by local medical men and police.

### A RADICAL

I am not familiar enough with the arguments for and against sterilization to be willing to be quoted publicly by name. In general I am opposed to the exercise of such a power by the State. It is subject to grave abuse and the errors of judgment inherent in our deficient knowledge of heredity and of disease. I am totally opposed to its application to so-called criminals. Restricted to the feeble-minded of low grades and to the hopelessly insane, and under a carefully protected system of administration, it has obvious social merit. But even in such cases, adequate institutional care and segregation would accomplish the same results. For those who could live without institutional care, and yet who are hopelessly diseased in hereditable mental disorders, it is less an evil than institutions. But even so,

voluntary rather than compulsory treatment should be used wherever possible.

I have not heard of the use of sterilization laws against radicals, but if they are generally applied to "criminals" they run the danger of it.